(if appropriate)

PLEASE NOTE: COMPLETE THE **FOLLOWING** 

Insert Title

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO. 1060-133P

As a below named inventor, I hereby declare that: my residence post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: \* PHARMACEUTICAL COMPOSITION HAVING ENHANCED ANTITUMOR

CTIVITY	AND/OR	REDUCED	SIDE	EFFECTS?	CONTAINING	ΑN	ANTITUMOR

	ACTIVITY AND/OR REDUCED SIDE EFFECTS? CONTAINING AN ANTITOMOR					
heck Box If ppropriate — or Use Without pecification ttached	AGENT AND AN HYDROXIMIC ACID DERIVATIVE					
	the specification of which is attached hereto unless one of the following boxes is checked:					
	The Specification was filed onand was assigned					
	Serial No and was amended on					
	Serial No and was amended on PCT/IB98/00961 on					
	June 22, 1998 and was amended under PCT Article 19 on					

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:

Prior Foreign Application(	(s)		Priority	Claimed	
P 97 01081	Hungary	June 23, 1997	<b>D</b> \$		
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No	
	(C)	(Month/Day/Year Filed)	. □ Yes	□ No	
(Number)	(Country)	(Month/Day/ real Flied)	_		
(Number)	(Country)	(Month/Day/Year Filed)	Yes	□ No	
	(Country)	(Month/Day/Year Filed)	☐ Yes	□ No	
(Number)	(Country)	(Month/Day/ real Flied)	_		
(Number)	(Country)	(Month/Day/Year Filed)	Yes	□ No	
application(s) listed belo is not disclosed in the pri of Title 35, United State: defined in Title 37, Code	w and, insofar as the subje or United States applications of Code, §112, I acknowled of Federal Regulations, §	nited States Code, §120 of ct matter of each of the claim on in the manner provided by lge the duty to disclose mate \$1.56 which occurred between rnational filing date of this a	s of this ap the first pa crial inforn on the filin	plication aragraph nation as g date of	
(Application Serial No.)	tion Serial No.) (Filing Date)		(Status — patented, pending, abandoned)		
(Application Serial No.)	(Filing Dat	te) (Status — pater	nted, pending,	abandoned)	

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\*NOTE: Must be completed.

78.KL :

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

RAYMOND C. STEWART (Reg. No. 21,066) JOSEPH A. KOLASCH (Reg. No. 22,463) JAMES M. SLATTERY (Reg. No. 28,380) DONALD C. KOLASCH (Reg. No. 23,038) CHARLES GORENSTEIN (Reg. No. 29,271) LEONARD R. SVENSSON (Reg. No. 30,330) MARC S. WEINER (Reg. No. 32,181) TERRELL C. BIRCH (Reg. No. 19,382) ANTHONY L. BIRCH (Reg. No. 26,122) BERNARD L. SWEENEY (Reg. No. 24,448) MICHAEL K. MUTTER (Reg. No. 29,680) GERALD M. MURPHY, JR. (Reg. No. 28,977) TERRY L. CLARK (Reg. No. 32,644) ANDREW D. MEIKLE (Reg. No. 32,868)

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Send Correspondence to: BIRCH, STEWART, KOLASCH AND BIRCH P.O. Box 747

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

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	thereon.	, ,		••			
Full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE		
Inventor: Intert Name of Inventor Thisert Date This Pocument is Signed	Balázs	SUMEGI	Bulin- 80		01/28/2000		
Insert Residence Insert Citizenship	RESIDENCE (City, State Pécs, I		cıtızenshir Hungarian				
Biblisen Post Office Address	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)  7 Homokkő u., Pécs, H-7634, Hungary						
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME INVENTOR'S SIGNATU				*DATE		
see above	RESIDENCE (City, State	& Country)	CITIZENSHIP	<del>- I</del>			
	POST OFFICE ADDRE	SS (Complete Street Address includ	ting City, State & Country)	· · · · · · · · · · · · · · · · · · ·			
Full Name of Third Inventor, if any: see above	GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE				*DATE		
	RESIDENCE (City, State	& Country)		CITIZENSHIP			
	POST OFFICE ADDRE	SS (Complete Street Address includ	ting City, State & Country)				
Full Name of Fourth Inventor, if any: see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
	RESIDENCE (City, State	& Country)	CITIZENSHIP				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		'DATE		
see above	RESIDENCE (City, State	& Country)		CITIZENSHIP	1		
*Note: Must be completed — date this document is signed.	POST OFFICE ADDRE	SS (Complete Street Address include	ing City, State & Country)				
Page 2 of 2	1						
(USPTO Approved 3-90) (Revised 7-93)	L		<del></del>	<del></del>	<del></del>		